

EXHIBIT

A

STATE OF TEXAS

COUNTY OF Dallas

BUSINESS RECORDS AFFIDAVIT

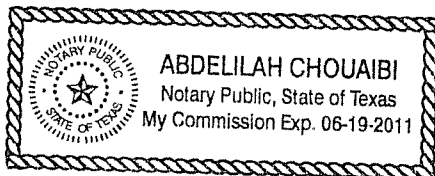
Before me, the undersigned authority, personally appeared NASSER, Shafiq NAVROZ who, being duly sworn, deposed and stated:

"I am over the age of eighteen and fully competent to make this affidavit, and I have personal knowledge of the facts stated herein. I am a custodian of records of DFW Shredding, Inc. Attached hereto are 1 pages of records from DFW Shredding, Inc. These records are kept by DFW Shredding, Inc. in the regular course of business, and it is the regular course of business for an employee or representative of DFW Shredding, Inc. with knowledge of the acts, events, conditions, opinions, or transactions recorded to make the records or transmit information to be included in the records, and the records were made at or near the time or reasonably soon thereafter. The records attached hereto are originals or exact duplicates of the originals.

Shafiq Navroz
Affiant's signature

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on this 24th day of MARCH, 2010.

Abdelilah Chouaibi
Notary Public, State of Texas

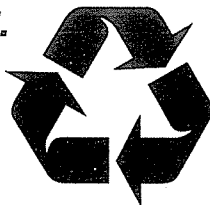




DFW Shredding, Inc.

P.O. Box 794392
Dallas, TX 75379

www.DFWShredding.com
972-380-8877/817-249-8700



INVOICE

Invoice Date	Invoice #
2-11-10	799904
Service	
PURGE / ROUTINE	

SHREDDED FOR:

Yellow Cab Company
2200 S. Riverside Dr.
Ft Worth, TX 76104
TEL:

SHREDDING LOCATION:

Same
TEL:

TECHNICIAN:	TERMS: DUE UPON RECEIPT / \$10.00 SERVICE CHARGE EVERY 30 DAYS	P.O. NO.
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QTY. SHREDDED	DESCRIPTION	RATE	AMOUNT
	INITIAL 96 GALLON / 66 GALLON / CONSOLE / BOX		
	ON-SITE / OFF-SITE SHREDDING		NIC
2	96 GALLON / 66 GALLON / CONSOLES / BOXES	\$59	\$118.00
	TRIP / JET SHRED / SERVICE CHARGE	\$59	\$59.00
			\$177.00
			2
WE APPRECIATE YOUR BUSINESS		TOTAL	\$177.00
PRINT NAME + L2 G...		AMOUNT PAID	—
CUSTOMER SIGNATURE		AMOUNT DUE	\$177.00

PAYMENT METHOD

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
CARD NUMBER	EXP. DATE	SEC CODE	ZIP CODE	
AMOUNT	SIGNATURE			
<input type="checkbox"/> Please charge my credit card for the payment above as well as future mo. invoices				

PLEASE GIVE US YOUR FEEDBACK: service@DFWShredding.com
THANK YOU FOR REFERRING US